

State of Connecticut
State Board of Accountancy
30 Trinity Street
Hartford, CT 06106

Request for Verification of Certificate

Instructions for Applicant: Complete the section below by entering your full name and address of the State Board that issued your original certificate. Mail this form to that State Board.

RE: _____
Type or print your name

TO: _____

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INSTRUCTIONS TO ACCOUNTANCY BOARD STAFF: Please complete this request for verification and return it to the Connecticut State Board of Accountancy at the address above.

The person noted above holds an original certificate as a certified public accountant.

Certificate Number _____
Date issued _____

He/she is _____ is not _____ currently registered to practice.

The person noted above passed the certified public accountant examination:

- ____ 1. Prepared and graded by the American Institute of Certified Public Accountants
____ 2. Prepared and graded by this Board
____ 3. Prepared by the American Institute of Certified Public Accountants and graded by this Board
____ 4. Other: _____

Has person successfully completed the AICPA Ethics Course with a grade of 90% or better:

____ Yes

____ NO

The individual received the following grades:

<u>DATE</u>	<u>AUDIT</u>	<u>LAW</u>	<u>THEORY</u>	<u>PRACTICE</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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If this individual's Certificate or License has been suspended, revoked or action has been taken against it please give the reason:

State Board

Completed by: _____

Name

Position

BOARD SEAL